August 3, 2023

**APPLICATION FORM**

This form should be completed by individuals or both spouses living together as a family unit. Please complete all sections as accurately as possible to allow efficiency in processing.

|  |  |  |
| --- | --- | --- |
|  | **Spouse 1** | **Spouse 2** |
| First name |  |  |
| Last name |  |  |
| ID number |  |  |
| Date of birth |  |  |
| Country of origin  |  |  |
| Year of Aliya |  |  |
| Phone No. |  |  |
| Place of work |  |  |
| Work role |  |  |
|  |  Employee  self employed |  Employee  self employed |
| Gender |  male  female |  male  female |
| Family status / personal status |  bachelor  married  divorced  widow(er)  separated |  bachelor  married  divorced  widow(er)  separated |
| other (please elaborate): | other (please elaborate): |
| Address |  |  |  |  |  |
| Street | Number | City | POB | Zip code |
| E-mail address (Should you wish to receive e-mails): |
| No. of children in your family |  | No. of children living at home |  | Are you registered under the social services? Yes  No |
| How did you hear of Paamonim?  Family  Work  Friends  Social services  Internet   Media (electronic or written)  Law court  Other (please elaborate): |
| Paamonim uses digital methods of communication. Please indicate your preferred means of communication:  E-mail  Internet phone (Zoom/Skype etc)  WhatsApp  other: |
| Would you be interested in undergoing remote financial guidance (via Skype / Zoom)?  Yes / No |
| **Monthly Expenses** | **Total** |  | Monthly Income | **Total** |
| Accommodation | Mortgage |  | Income Spouse 1 |  |
| Rent |  | Income Spouse 2 |  |
| Communication (Landline, mobile) |  | Child allowance |  |
| Car (insurance, gas, parking) |  | Disabled allowance |  |
| Food |  | Support with Rent  |  |
| Education |  | Alimony/child support |  |
| Clothing |  | Income on property |  |
| Other expenses (Electricity, water, municipality taxes etc) |  | Dependency Benefits: National Insurance allowances (pensions, unemployment benefits, minimal income) |  |
| Alimony / child support |  |  | Other income |  |
| Monthly debt repayments |  | Parental support |  |
| **Total Expenses** |  | **Total Income** |  |
|  |  |
| **Debts – General (Total amounts, not monthly repayments)** | **Total** | \*It is mandatory to attach a photocopy of both sides of your ID card. |
| To banks (not mortgages) |  | \*We are unable to process applications lacking the required forms.  |
| Gray Market |  | \*Please note it may take up to 7 working days to process your application |
| Other |  | For assistance with form completion please contact us: 03-9127150.  |
| **Total Debts** |  | \* *The board is not obliged to accept all applications to Paamonim*. |

**In order for us to process your application, please answer all of the following questions:**

1. What were the challenges that led you to contact Paamonim? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What will help you deal with the current challenges, and what are your expectations from Paamonim?­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What would you consider to be a successful process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How did you get into debt? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are you receiving help from other sources? (therapists/other organizations/gemachim/other). Please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there any legal action being carried out against you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please provide background information behind your decision to contact Paamonim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What savings and or property do you own? (apartment, car, Keren Hishtalmut (Advanced Study Fund), savings, other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. In which language do you prefer to work with Paamonim? **** **English** **** **Hebrew**

*\*****Please note, Paamonim requires full commitment to the process,***

***including participation in meetings, and completion of assignments.***

Ms/ Mr/ Mrs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As signatories below, we hereby affirm our agreement to receive advice and guidance from Paamonim.

We understand that this advice and guidance is delivered on a voluntary basis, and is mostly not provided by professionals in the field. Paamonim as an organization, and those working under its auspices (students, volunteers and others) are not to be held accountable for the advice nor guidance provided, and we waive any objection and/or claim in this regard.

In light of the above, and having recognized its significance, we affirm our agreement. Moreover, we are fully aware that we have no legal obligation to provide such information, and are therefore providing this information by our own account.

All information is securely stored on Paamonim's data-base, and serves the organization for the purpose of support, and guidance, and in the event of future communication. Access to this information is permitted to senior workers and volunteers, for the sole purpose of assisting with the financial recovery process.

We authorize Paamonim and/or anyone on its behalf to transfer and provide our contact information (name, email and phone only) to parties that fund the program (if any), to allow them to contact me and this only to confirm that we received the service.

It was made clear to me that no other personal or financial information will be given to an external party to the association.

**Spouse 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the form to the Family's Service Center: POB 211 Beit El 90631 ,Fax: 03-9127151 or e-mail: family@paamonim.org